

Many uninsured qualify for health care

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NEW BRIGHTON, Minn. -- The first time Ama Tullah tried to get into Minnesota's health care program for the poor, she gave up. The second time, she made it through the 24-page application, then waited six months before learning she was approved.

While she waited, she got pregnant, had a miscarriage and developed painful gallstones that required emergency surgery. And she worried.

"When I fell out on the ice, what if I would have broken my arm?" said Tullah, 43, who lives in a modest apartment complex in this Twin Cities suburb. "What if my daughter were to fall or choke on something?"

As lawmakers in Minnesota and elsewhere search for ways to get health insurance for everyone, little is said about the millions of people who currently qualify for public health care but aren't enrolled.

Many don't know they qualify. Others are daunted by complex forms that can rival IRS documents. Some, like Tullah, have their applications delayed by red tape. In Minnesota alone, as many as 60 percent of the state's 383,000 uninsured could be eligible; nationally, the figure is estimated at about a quarter of the 46 million uninsured.

The gap costs money. The uninsured are more likely to land in the hospital because they postponed or skipped care that they didn't think they could afford. They're also likely to struggle with medical debt, and the government and hospitals end up paying for their care - \$41 billion nationally in 2004.

A decade ago, states like Vermont and Wisconsin were showing that consumer-friendly state insurance plans could expand enrollment. They simplified forms, relaxed renewal requirements and slapped program names on billboards and toothbrushes.

One study found that Wisconsin's BadgerCare program rapidly signed up four-fifths of the state's uninsured children and more than half the uninsured adults.

But when states ran into budget troubles, some ended their outreach programs, said Rachel Klein, deputy director of health policy at Families USA, a Washington-based consumer group. Minnesota dropped its \$750,000 awareness program in 2005.

"You have to constantly do outreach to the public because they may not know what's there," Klein said.

The ranks of uninsured Americans grew by 6 million people over the past decade. The figure for Minnesota has swelled by more than 100,000, according to the state Health Department.

During lean budget times, Minnesota raised the minimum income requirements for some on the MinnesotaCare health plan for the working poor and began requiring most enrollees of state health programs to renew twice a year.

And forms became more complicated. Minnesota's forms require the applicant to submit copies of citizenship documents, proof of pregnancy, pay stubs, real estate records, vehicle registration titles, bank statements - even pre-paid burial contracts. According to the instructions, the state needs the information to figure out who's eligible and how much they can pay - but also for research, investigations and federal funding.

The longer form aims to avoid processing delays by getting all relevant information in one swoop, and reflects state and federal laws, said Assistant Human Services Commissioner Brian Osberg. The state is also careful to not to sign up those who can get private coverage, he said.

Several Minnesota lawmakers want to bring back the marketing budget for health programs.

They're following efforts in California and other states that are trying to get more uninsured people onto health insurance. President Bush wants tax code changes that he says would make health insurance more affordable, though others would pay taxes on higher-end insurance.

Community-University Health Care Center in Minneapolis sees more uninsured patients these days than it used to. About half of the uninsured visitors are eligible for state programs; interpreters in Somali, Hmong, Vietnamese, Laotian, Cambodian and Spanish help them through the application process.

"People tend to go off and on public assistance, according to their eligibility," said Colleen McDonald, the clinic's director of development and public relations. "It's really difficult to get all of the pieces of paper and requirements to submit the form."

That would be an understatement, said Tullah, who works part-time in a hotel reservation center. She said it was more like a part-time job.

Tullah's pregnancy helped her qualify for Minnesota's Medicaid program, which wound up covering her \$22,500 in medical bills last year.

But the new year brings a new problem: She now makes too much to qualify for that program. So she's stuck waiting for more paperwork before she can apply for MinnesotaCare, another state health program with higher income limits.

All the hassle has left Tullah fed up with Minnesota. She and her husband are thinking of moving with their toddler daughter to Massachusetts, where a plan for universal health coverage is already being implemented.